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TESTIMONY: Raised Bill No. 6391 AN ACT CONCERNING THE PRACTICE OF ADVANCED PRACTICE REGISTERED NURSES

PUBLIC HEALTH COMMITTEE

March 20, 2013

Good Afternoon, Senator Gerratana, Representative Johnson and esteemed members of the Public Health Committee.

Thank-you for the opportunity to provide testimony on behalf of the Connecticut Nurses' Association (CNA) in respect to **Raised Bill No. 6391 AN ACT CONCERNING THE PRACTICE OF ADVANCED PRACTICE REGISTERED NURSES.** I am Mary Jane Williams Ph.D., RN current chairperson of Government Relations Committee for the Connecticut Nurses Association and professor emeritus from Central Connecticut State University. I speak in STRONG support of**: Raised Bill No. 6391 AN ACT CONCERNING THE PRACTICE OF ADVANCED PRACTICE REGISTERED NURSES**

In 1997/98 at the Connecticut Medical Society, the Coalition of Advanced Practice Registered Nurses met to develop compromise language related to the practice of the Advanced Practice Registered Nurse (APRN). I had the unique responsibility of being the Nurse at the table along with representatives from each organization. Senator Melodie Peters facilitated this process in collaboration with Representative Lenny Winkler. After negotiations where completed it was generally agreed that in five years we would revisit the language and move forward with "Independent Practice." Since 1999 when the legislation became law the environment for change has become oppressive while the

need for the qualified primary providers has increased 10 fold. Buerhaus (2013) predicts an even more dramatic need for providers in the next decade.

Connecticut is in a unique position. We are a small state and we have growing needs for providers of "Primary Care" in many areas of the State. We have vulnerable populations in many of our communities who have no or minimal access to health care. However, we have excellent models of care that utilize APRNs to the full extent of their license in the provision of safe high quality care with excellent outcomes.

I believe it is time for all health care providers to think proactively to address this growing issue of access. The implementation of the "Affordable Health Care Act" will increase the need for Primary Providers across the life span in all specialty areas of care. Creating regulation that will facilitate the practice of fully qualified APRN's to provide care across the life span in their area of specialization is the right option at this time, during this legislative session.

We need to heed the recommendations of The Robert Wood Johnson Study on the Future of Nursing in collaboration with the Institute of Medicine that reported:

- Nurses should practice to the full extent of their education and training.
- Nurses should be full partners, with physicians and other health care professionals, in redesigning health care in the United States.
- Effective workforce planning and policy making requires better data collection and information infrastructure. (IOM)

Our goal should be to develop statewide infrastructure to address ongoing ever-changing health care needs of a growing number of patients who will need quality care in a timely manner. This proposed legislation provides us with a huge opportunity, at a very significant time in the professional evolution of Advanced Practice Nursing.
I have provided for you a synopsis of the IOM report that directly addresses APRN practice from etiology to regulation impediments and effects on practice.

Current Impediments in the Regulatory Environment

For health care providers of all types (other than physicians), the framework defining who is legally authorized to provide and be paid for what services, for whom, and under what circumstances is among the most complex and uncoordinated schemes imaginable. It reflects an amalgam of regulations, both prescriptive and incentivized, at the state, local, and federal levels. The effects of these governmental regulations are further compounded by the credentialing and payment policies of private insurers and managed care organizations (Saffriet, B.).

The explicit restrictions resulting from this complex and uncoordinated scheme are many, but they can be grouped into two principal categories: (a) state-based limitations on the licensed scopes of practice for APRNs (and other providers) which prevent them from practicing to the full extent of their abilities, and (a) payment or reimbursement policies (both governmental and private) that either render them ineligible for payment, or preclude their being paid directly for their services, or pay them at a sharply discounted rate for rendering the same services as physicians. In many states, the legal framework authorizing APRNs' practices has evolved in step with their expanding skills, education, training, and abilities. In several other states, however, their full utilization is hampered by outdated (or in some cases newly imposed) restrictions on a full range of professional services (Saffriet, B.)

The restrictions faced by APRNs in some states are the product of politics rather than sound policy. Competence does not change with jurisdictional boundaries; the only thing that changes is legal authority. In sum, this practice environment for APRNs echoes the conclusion of a previous Institute of Medicine report, which succinctly described the current regulatory framework for health care providers as "inconsistent, contradictory, duplicative, outdated, and counter to best practices" (IOM, 2001).

The Costs of This Dysfunctional Regulatory Regime is profound, even though APRNs, have continued to develop and expand their knowledge and capabilities, the state-based licensure framework has impeded their efforts to utilize these ever-evolving skills. Virtually all states still base their licensure frameworks on the persistent, underlying principle that the practice of medicine encompasses both the ability and the legal authority to treat all possible human conditions. That being so, the scopes of practice for APRNs are exercises in legislative exception making, a "carving out" of small, politically achievable spheres of practice authority from the universal domain of medicine. Given this process, it is not surprising that APRNs are often subjected to unnecessary restrictions (Saffriett, B.).

Current Impediments to Removal of These Restrictive Provisions, the principal causes of the existence and continuation of unnecessarily restrictive practice conditions for APRNs can be grouped into three categories: (1) purposeful or inertial retention of the dysfunctions resulting from the historical evolution of our state-based licensure scheme, (2) lack of awareness of APRNs' roles and abilities, and (3) organized medicine's continued opposition to expanding the authority of other providers to practice and be paid directly for their services. All of these causes are rooted in the historical evolution of the state-based licensure scheme

(Saffriet, B. The Future of Nursing: Leading the Change Advancing Health, 2011).

We need to recognize that the Advanced Practice Registered Nurse is educated in a specific specialty. The specialty education in a specific practice area i.e. Gerontology, Pediatrics, Family, Mental Health etc in conjunction with National Certification determines their Scope of Practice. The Advanced Practice Registered Nurse Practice is defined by education and certification.

The Advance Practice Registered Nurse is not licensed as a generalist. The APRN is educated, certified and licensed within a specific specialty, which defines the extent of their clinical practice. The Scope of Practice of an Advanced Practice Registered Nurse is in fact determined by education and specialty certification. As an example, if I decided to become an APRN in Gerontology, my course of study would focus on Gerontology, my exam and practice would focus on Gerontology and my License to practice would be in the specialty area of Gerontology. My Scope of Practice is defined and limited by my education, clinical practice, certification (National) And License (State).

This is an opportunity to prevent a crisis in health care. In order to provide care for the citizens of Connecticut we need to seize the moment and move forward in an organized fashion as we create a seamless mechanism for patient access and continuity.
As the education, training, experience, and overall competence of health care practitioners have advanced over time, the distinctions between many health care professions in terms of their abilities to perform particular health care procedures have lessened.

This legislation does not increase risk to public safety. However, by not utilizing all health care practitioners to their full extent of their education, we are potentially decreasing access to care and interfering with a patients' ability to move along the continuum of care. I urge you to support H.B. 6391. Thank you